

TRAVEL EXPENSE CLAIM

See Instructions and Privacy
Statement on Reverse Side

Page 1 of 1

STD. 262 (REV. 10/92)

CLAIMANT'S NAME Robert Gore		SSAN OR EMPLOYEE NUMBER	DEPARTMENT Governor's Office	
POSITION Deputy Cabinet Secretary	CB/ID NUMBER	DIVISION OR BUREAU Cabinet Office		INDEX NUMBER
RESIDENCE ADDRESS		HEADQUARTERS ADDRESS State Capitol Building		TELEPHONE NUMBER
CITY [REDACTED]	STATE [REDACTED]	ZIP [REDACTED]	CITY Sacramento	STATE CA
				ZIP 95814

MONTH/YEAR		LOCATION WHERE EXPENSES WERE INCURRED	LODGING	MEALS			INCIDENTALS	TRANSPORTATION				BUSINESS EXPENSE	TOTAL EXPENSES FOR DAY
DATE	TIME			BREAKFAST	LUNCH	DINNER		COST OF TRANS.	TYPE USED	CARFARE, TOLLS, PARKING	PRIVATE CAR USE MILES AMOUNT		
12-Mar	6:30am	Sac to Coalinga	84.00								0.00		84.00
13-Mar	4:00pm	Coalinga to Sac									0.00		0.00
											0.00		0.00
											0.00		0.00
											0.00		0.00
											0.00		0.00
											0.00		0.00
											0.00		0.00
											0.00		0.00
											0.00		0.00
											0.00		0.00
											0.00		0.00
											0.00		0.00
											0.00		0.00
											0.00		0.00
											0.00		0.00
											0.00		0.00
											0.00		0.00
SUBTOTALS			84.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0	0.00	0.00
COLUMN CODE (ACCTG. USE ONLY)													
CLAIM TOTAL												\$84.00	

PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts when required) Participated in two-day meeting of the Governor's Partnership for the San Joaquin Valley to develop a regional occupational training. Partnership is conferring with the 8 Workforce Investment Boards in the Valley to expedite training classes in water technology, food processing, renewable energy, agriculture technology and logisitics management.		NORMAL WORK HOURS PRIVATE VEHICLE LICENSE NUMBER MILEAGE RATE CLAIMED 0.445	
I HEREBY CERTIFY, That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used and if mileage exceeds the minimum rate, I certify the cost of the operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751,0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.		AGENCY ACCOUNTING OFFICE USE ONLY PAID BY REVOLVING FUND CHECK NUMBER	
CLAIMANT SIGNATURE	DATE 4/2/09	SIGNATURE	DATE 4/12/09
			DATE 4/3/09